



National Programme for Control of Blindness

Schemes for Implementation during IXth Plan (1997-2000)



**Ophthalmology / Blindness Control Section
Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India, New Delhi – 110 011**

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Tel : 080 - 41280009

email : clic@sochara.org / cphe@sochara.org

www.sochara.org



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Government of India, New Delhi - 110011

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National Programme for Control of Blindness

Schemes for Implementation during IXth Plan (1997-2002)

A. Cash assistance to States/UTs

A.1 Salaries

Budget under this head includes salaries of staff under State Programme cell and additional staff in various eye care units developed during the IX plan under National Programme for Control of Blindness.

(a) State Programme Cell (Major States) Rs. 5,00,000

● Salaries of five staff members Rs. 4,00,000

i. Joint/Deputy Director

ii. Accountant

iii. Computer Operator / Statistical Assistance

iv. Steno/LDC and

v. Group D

● TA/DA for programme related tours Rs. 40,000

● Organization of quarterly review meetings Rs. 40,000

● Operation and maintenance of office equipments Rs. 10,000

● Stationery and contingencies Rs. 10,000

In addition, Rs. 3 lakhs are allocated to meet salary of four additional staff under World Bank Project in seven states namely Andhra Pradesh, Madhya Pradesh, Orissa, Maharashtra, Rajasthan, Tamilnadu, and Uttar Pradesh.

State Programme Cell (Minor States/UTs) Rs. 2,50,000

● Salaries of three staff members Rs. 1,80,000

i. Joint/Deputy Director

ii. Computer Operator/Statistical Asstt./Steno

iii. Group 'D'

● Ta/DA for programme related tours Rs. 25,000

● Organization of quarterly review meetings Rs. 25,000

● Operation and maintenance of office equipments Rs. 10,000

● Stationery and contingencies Rs. 10,000

(b) Salaries of additional staff against posts a bear created under National Programme for Control of Blindness during Ninth Five Year Plan for:

- Upgradation of District Hospital
- Development of District Mobile Unit
- Upgradation of CHC/Sub-district Hospitals
- Upgradation of primary Health Centres.

As per the revised pattern of assistance under National Programme for Control of Blindness approved by CCEA in February 2000, no new posts are to be created under National Programme for Control of Blindness. Salaries of posts created during VIII plan or earlier, are the liabilities of the State Government and then salaries should not be drawn from budget allocated under National Programme for Control of Blindness.

A.2 Information, Education and Communication

Funds given as cash grants to the States for IEC activities can be utilized for the following activities :

Broadcast of Radio Jingles on AIR by purchasing time if necessary 10% of budget allocated

Purchases of time for telecasting of TV spots in local languages/dialect 40%

Advertisement in leading newspapers in the States which have minimum circulation of one lakh 40%

Hoardings at prominent places 10%

A.3 Training

Trainings of Trainers and District Eye Surgeons in IOL Surgery is organized by the National Programme Management Cell. Training of District Team on Eye Care Management would also be a central activity. Funds allocated under the head of training can be utilized for the following :

- Training in Ophthalmic Nursing.
- Stipend for basic training of Ophthalmic Assistants
- Refresher training of Ophthalmic Assistants
- Orientation training of PHC Medical Officers

Training guidelines and financial norms for various courses, issued by Government of India, should be followed.

A.4 Maintenance of Ophthalmic Equipments

The Government of India has been supplying various Ophthalmic Equipments and commodity assistance to various Government units like Medical College, District Hospitals, Mobile Units and Upgraded CHC/PHC. After the warranty period is over, maintenance of these equipments is crucial for optimal utilization and better quality of services.

Funds allocated under this head can be utilized for service contracts of maintenance of equipments preferably by the suppliers, for replacement of accessories like bulbs and batteries and for other operational expenditure involved in maintenance of such equipments supplied by commodity assistance by Government of India.

A.5 Renovation and Furnishing

The present status of operation theaters and wards attached to eye care units of Medical Colleges and District Hospitals have been found to be inadequate. To ensure high quality of services funds allocated under this head can be utilized for renovation and furnishing of OT's and eye wards can limited to following activities :

- Minor repair of roof, floor and walls
- White washing, painting etc.
- Repair of wood work: windows, doors, racks, cupboards etc.
- Partition and false ceiling
- Air-conditioning
- Repair of OT lights and OT furniture
- Repair of eye ward furniture

A.6 Eye Banks

Development of Eye Banks is an important activity to address the problem of Corneal blindness. Technical Standards prescribed by GOI (copy enclosed) should be adhered to.

(a) Assistance for Eye Banks in Government Sector

- Non-recurring assistance up to Rs., 5 lakhs for development of eye bank.
- Recurring assistance of Rs. 1.00 lakhs for the salary/honorarium of Eye Bank staff, consumable including preservation material and media., transportation / travel cost/POL and contingencies.

(b) Voluntary Sector

- Non-recurring assistance up to Rs. 5 lakhs for establishment or strengthening of eye bank, subject to the condition that minimum 50 Eyes are collected ./ utilized by the Bank in a year.

◆ Recurring assistance of Rs. 500 per eye collected towards salary/honorarium of Eye Bank staff, consumable including preservation material and media., transportation / travel cost/POL and contingencies.

A.7 Construction of eye Wards and Dedicated OTs

As per the revised pattern of assistance for National Programme for Control of Blindness approved by CCEA in February 2000, this schemes hitherto limited to 7 States covered under World Bank Project, has been expanded to the entire country. Detailed guidelines are annexed.

B. Commodity Assistance from Government of India

Following goods are procured centrally and given as commodity assistance to various steps for Government Ophthalmic units :

- ◆ Major ophthalmic equipments like Yag Laser, Operating Microscope, A-Scan, Slit Lamp, Indirect Ophthalmoscope, Anterior Vitrectomy units, Keratometer etc.
- ◆ Vehicle for Mobile Units/DBCS.
- ◆ Sutures : 8-0 and 10-0
- ◆ Intra-ocular lenses

In addition smaller ophthalmic equipments and instruments, cataract micro-surgical set, drugs and consumables are procured by DBCS out of GOI grants and given as commodity assistance to various government units performing cataract and other eye surgeries.

C. Grant-in-Aid to District Blindness Control Societies

Grant-in-aid to District Blindness Control Societies is released by GOI for meeting recurring expenditure required to undertake various programme activities. Each DBCS is required to prepare Annual Plan of Action on the basis of Blind Registers for each financial Year and forward this through the States Government and to the National Programme Management Cell for requirement of Grant-in-aid. Guidelines on district Plan of Action and norms for utilization of funds by DBCS have already been issued. As per the revised pattern of Assistance, the major States are advised to constitute State Blindness Control Society. In the event of functional State Blindness Control Society, GIA to District Blindness Control Societies would be routed through State Blindness Control Society.

D. Grant-in-Aid to NGO's

Grant-in-aid to NGO's for meeting recurring expenditure is released through DBCS. Grant-in-aid to NGO's for setting-up or expansion of eye care units in rural and remote areas is forwarded through the concerned DBCS and the State Government to GOI for release of funds. Revised guidelines for participation of VOs under National Programme for Control of Blindness are annexed.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

PATTERN OF ASSISTANCE DURING THE IX PLAN (1997-2002)

SCHEME	OLD PATTERN OF ASSISTANCE	NEW PATTERN IN IX PLAN
1	2	3
1. State Ophthalmic Cell	<p>Recurring assistance of Rs.3.00 lakhs per annum to meet the cost on salary of 5 staff, TA/DA, contingencies</p> <p>Joint/Dy. Director 1 Statistical Assistant 1 Stenographer 1 LDC 1 Class IV 1</p>	<p>(a) For Major States (18)</p> <p>Non-recurring commodity assistance worth Rs.2 lakhs in the form of Computer, printer, fax and photocopier</p> <p>Recurring assistance of Rs.5.00 lakhs per annum to meet the cost on salary of the following staff, TA/DA, organizing review meetings, operating and maintenance of office equipments and contingencies</p> <p>Joint/Dy. Director 1 Accountant 1 Computer Operator/ Statistical Assistant 1 Stenographer/LDC 1 Group D 1</p> <p>IEC Consultant (Rs.8000 p.m.) and State Programme Coordinator (Rs. 8000, 9000, 10,000 p.m. in first, second, third year respectively) in major states on contract basis for which additional Rs. 1 lakhs and Rs. 2 lakhs respectively would be released.</p> <p>(b) For small States/UTs (14):</p> <p>Recurring assistance of Rs. 2.5 lakhs per annum to meet the cost on salary of the following staff, TA/DA, organizing review meetings and contingencies: -</p> <p>Dy. Director 1 Stat. Asstt. or Stenographer 1 Group D 1</p>
2. (A) Regional Institute of Ophthalmology	One time assistance for equipments worth Rs.50.00 lakhs per Regional Institute of Ophthalmology. Critical equipments would be given in kind by GOI and cash assistance would be given for remaining equipments. Rs.4.32 lakhs towards salary for six faculty members per annum.	There is no proposal to establish new RIO at present.
2. (B) Strengthening of existing Regional Institutes of Ophthalmology.		<p>-Non-recurring commodity assistance worth up to Rs.25.00 lakhs towards the cost of replacement value of Ophthalmic equipments.</p> <p>-Recurring assistance of Rs.4.00 lakhs per annum for training under NPCB and research work.</p> <p>-Sutures, IOLs and consumables as commodity assistance according to requirement and past performance of the Institute. Assistance would be linked with performance.</p>

SCHEME	OLD PATTERN OF ASSISTANCE	NEW PATTERN IN IX PLAN
1	2	3
3. (A) Upgradation of Medical College	Equipment not available in the medical college would be procured and distributed to upgraded medical college costing not more than 15 lakhs. - Recurring expenditure of Rs.72,000 per faculty per year for three faculty member (Rs.2.16 lakhs) at the entry level. - Recurring assistance of Rs.36,000 per annum for one post of Ophthalmic Instrument Technician.	There is no proposal to upgrade new Medical Colleges at present.
3.(B) Strengthening of existing upgraded medical colleges for ECCE/IOL Surgery.		- Non-recurring commodity assistance worth up to Rs. 20.00 lakhs towards the cost of replacement value of Ophthalmic equipments. - Recurring assistance up to Rs.4.00 lakh per annum for training and research work. - Sutures, IOLs and consumables as commodity assistance according to past performance and requirement
4.(A) Upgradation of District Hospitals	- Equipments worth Rs.1.2 lakhs would be procured centrally and distributed to upgraded District Hospitals as per standard list. - Recurring assistance Rs.1.08,000 per annum per district hospital for salary of staff (72,000/- for Ophthalmic surgeon and Rs. 36,000/- for Ophthalmic assistant	- Non recurring commodity assistance worth Rs.1.2 lakhs in the form of Ophthalmic equipments, - Commodity Assistance : Sutures and other consumables - Recurring assistance of Rs. 1.5 lakhs per annum towards the salary of one Ophthalmic Surgeon and one Ophthalmic Assistant.
4.(B) Strengthening of existing upgraded District Hospitals for ECCE/IOL Surgery.		- Non recurring commodity assistance worth Rs.5.00 lakhs in the form of Ophthalmic equipments, - Commodity assistance on IOL, Sutures and consumables, on the basis of past performance and requirement. - Recurring assistance of Rs.0.5 lakhs per annum towards training under NPCB.
5. Upgradation of Sub-District Hospital/Community Health Centre.	No assistance is available except in States covered under World Bank assisted cataract blindness control project, which is as follows:- - Ophthalmic equipments and a vehicle as in the case of District Mobile Unit to be supplied by the centre - Recurring assistance of Rs.1.08 lakhs towards the salary of one Ophthalmic surgeon and one PMOA.	- Non recurring commodity assistance worth Rs. 1.2 lakhs in the form of Ophthalmic equipments. - Recurring assistance of Rs. 1.5 lakhs towards salary of one Ophthalmic Surgeon and one Ophthalmic Assistant.

SCHEME	OLD PATTERN OF ASSISTANCE	NEW PATTERN IN IX PLAN
1	2	3
6. Development of District Mobile Unit	<p>Equipments worth Rs.1.2 lakhs and vehicle to be procured and supplied by Centre</p> <p>Recurring assistance of Rs.2.5 lakhs per annum towards salaries of staff</p> <p>Ophthalmic Surgeon 1</p> <p>Ophthalmic Assistant 1</p> <p>Camp Coordinator/OT Technician 1</p> <p>Staff Nurse 1</p> <p>Group D 1</p> <p>Driver 1</p>	<p>- Non recurring commodity assistance worth Rs. 5.00 lakhs in the form of Ophthalmic Equipments and one vehicle (10 seater)</p> <p>- Commodity Assistance : sutures and consumables on the basis of past performance and requirements.</p> <p>- Recurring assistance of Rs. 3.50 lakhs per annum towards salaries of 6 staff/POL etc.</p> <p>Ophthalmic Surgeon 1</p> <p>Ophthalmic Assistant 1</p> <p>Camp Coordinator/OT Technician 1</p> <p>Staff Nurse 1</p> <p>Driver 1</p> <p>Group D 1</p> <p>Second mobile unit in districts with population >20 lakhs or tribal or large in area or geographically difficult.</p>
7. Upgradation of Primary Health Centres	<p>- Equipments up to Rs.10 thousands as commodity assistance</p> <p>- Recurring assistance of Rs.36,000 per annum towards salary of Ophthalmic Assistant</p>	<p>- Non recurring commodity assistance worth Rs.10,000 in the form of Ophthalmic equipments</p> <p>- Recurring assistance of Rs.50,000 per annum towards salary of Ophthalmic Assistant</p>
8. Support to Eye Bank, in Government Sector	<p>One time assistance of Rs. 0.75 lakhs for development of eye banks.</p> <p>- Recurring assistance of Rs.0.50 lakhs for the salaries/honorarium of eye bank staff.</p>	<p>- Non recurring assistance upto of Rs. 5.00 lakhs for Development of Eye Bank.</p> <p>- Recurring assistance of Rs.1.00 lakhs for the salary/honorarium of Eye Bank Staff, consumables including preservation material and media transportation/travel cost/POL and contingencies.</p>
9. Support to Eye Bank in Voluntary Sector	<p>One time assistance of Rs.1.50 lakhs for the setting up/strengthening of eye banks</p> <p>- Recurring assistance of Rs.0.50 lakhs (for preservation material including Media, POL and contingency expenditure) honorarium to the Doctor and Technician</p>	<p>- Non-recurring assistance up to Rs. 5.00 lakhs for establishment or strengthening of eye banks, subject to the condition that minimum 50 eyes are utilised by the Bank in a year</p> <p>- Recurring assistance Rs.500 per eye towards salary or honorarium of eye bank staff, consumables including preservation material & media, transportation/travel cost/POL and contingencies</p>
10. Support to Eye Donation Centres		<p>- Non-recurring assistance up to Rs.50,000 for development of Eye Donation Centre subject to the condition that minimum 25 eyes are collected in a year.</p> <p>- Recurring assistance of Rs. 250 per eye collected towards salary or honorarium of eye bank staff, consumables including preservation material & media, transportation/travel cost/POL and contingencies.</p>

SCHEME	OLD PATTERN OF ASSISTANCE	NEW PATTERN IN IX PLAN												
1	2	3												
11. Grant-in-aid to District Blindness Control Societies	<p>Vehicle as commodity assistance where full time District Programme Manager appointed (only in Project States)</p> <p>Recurring assistance in installments of Rs. 3 lakhs towards cost of consumables, spectacles, POL and maintenance of vehicle, IEC activities including screening, motivation and follow up services through NGOs, remuneration to District Programme Manager, grant-in-aid to NGOs for performing free cataract operations in camps and fixed facilities, training within the district and other contingent expenditure. More than 1 instalment can be given to a DBCS in a financial year.</p>	<p>- Vehicle as commodity assistance where full time District Programme Manager appointed (only in Project States)</p> <p>- Recurring assistance in installments of upto Rs. 5 lakhs and Rs.3 lakhs to DBCSs in World Bank/DANIDA Project state and non-project states, respectively, towards cost of consumables (including sutures, drugs and medicines, cataract set etc. as per approved list) spectacles, POL and maintenance of DMU/CMU and DBCS vehicles, IEC activities including screening, motivation and follow up services through NGOs, remuneration to District Programme Manager (Rs.6000, 7000, 8000 p.m. in first, second, third year respectively), grant-in-aid to NGOs for performing free cataract operations in camps and fixed facilities, School Eye Screening, training within the district and other contingent expenditure as per guidelines. More than 1 instalment can be given to a DBCS in a financial year. The DBCS can be sanctioned 50% of GIA released in the preceding financial year, as 1 instalment in the succeeding financial year.</p>												
12. Grant-in-aid for free cataract operations by voluntary organisations in camps/fixed facilities	<p>@ Rs.250 per cataract operation and Rs. 175 per cataract operation for those who do not use and use government vehicle for cataract operations respectively. Extra Rs.50 per cataract operation in tribal or geographically difficult areas.</p>	<p>GIA to NGOs would be determined by following table</p> <table><tr><td>Drugs and consumables</td><td>150</td></tr><tr><td>Sutures</td><td>50</td></tr><tr><td>Spectacles</td><td>75</td></tr><tr><td>Organising & Publicity</td><td>50</td></tr><tr><td>Transport/POL charges</td><td>75</td></tr><tr><td>IOL (& additional consumables)</td><td>200</td></tr></table> <p>- Extra Rs.50 per cataract operation in notified tribal or geographically difficult areas.</p> <p>- Sutures, IOLs can be given in kind by the DBCS in place of cash grants. If specs are not provided by the NGO, DBCS would arrange for these.</p> <p>- NGOs encouraged to organise camps at PHCs and CHCs where OT facilities are available. As far as possible assistance from DMU and PHC/CHC staff should be sought.</p>	Drugs and consumables	150	Sutures	50	Spectacles	75	Organising & Publicity	50	Transport/POL charges	75	IOL (& additional consumables)	200
Drugs and consumables	150													
Sutures	50													
Spectacles	75													
Organising & Publicity	50													
Transport/POL charges	75													
IOL (& additional consumables)	200													
13. Aid-for creating public awareness and outreach activities about eye care to voluntary organization	<p>No fixed norms indicated. If aid is given on the basis of output, the aid should not exceed Rs. 25 per operated case.</p>	<p>The NGOs engaged only in screening population, creating public awareness and motivating eligible cases would be given GIA @Rs.50 per operated case.</p>												

SCHEME	OLD PATTERN OF ASSISTANCE	NEW PATTERN IN IX PLAN
1	2	3
14. Aid for setting up expansion of Eye Care units in rural and tribal areas.	<p>Rs. 17.75 lakhs given as maximum non-recurring GUA on a 1:1 sharing basis. 50% of estimated/actual costs of each item to be borne by NGO.</p> <p>- Recurring assistance towards salary, consumables, provision of spectacles, maintenance and POL, IEC activities, training and other expenditures on the basis of targetted cataract operations subject to maximum amount not exceeding GIA applicable under schemes on a per surgery basis. The assistance would be for five years and the Government's contribution would be 75%, 60%, 50%, 40%, 25% of projected recurring expenditure respectively.</p>	<p>- The maximum limit of non-recurring GIA would remain unaltered i.e. Rs. 17.75 lakhs on a 1:1 sharing basis. Instead of 50% share on each item, GOI may give 50% of total project cost subject to maximum of Rs. 17.75 lakhs.</p> <p>- Recurring assistance towards salary, consumables, provision of spectacles, maintenance and POL, IEC activities, training and other expenditures on the basis of targetted cataract operations subject to maximum amount not exceeding GIA applicable under schemes on a per surgery basis. The assistance would be for five years and the Government's contribution would be 75%, 60%, 50%, 40%, 25% of projected recurring expenditure respectively.</p>
15. Training of Ophthalmic and Support manpower	<p>- Training of trainers for IOL surgery and training of District Programme Managers organised by Central Cell.</p> <p>- Cash grants given to States to organise training of other courses.</p> <p>- Stipend of Rs. 500 per month for the training of PMOAs in Ophthalmic Assistants Training School</p>	<p>- Training of trainers for IOL Surgery, glaucoma and other specialities organised by Central Cell in identified institutes of excellence.</p> <p>- Training of District Programme Managers organised by Central Cell.</p> <p>- Cash grants given to States to organise training of district surgeons in ECCE/IOL and high volume ICCE Surgery, training in community ophthalmology, training in ophthalmic nursing and refresher training of PMOAs.</p> <p>- Guidelines and curriculum for various training courses organised by the Central Cell.</p> <p>- Basic training of ophthalmic assistants revamped in selected institutions of the country. Rs.500 p.m. as stipend would be given to trainees during the basic training.</p> <p>- Training of manpower of voluntary organisations participating in the programme, as per GOI guidelines.</p> <p>- Any other training course will be decided in consultation with the Finance Division.</p>

SCHEME	OLD PATTERN OF ASSISTANCE	NEW PATTERN IN IX PLAN
1	2	3
16. Information Education Communication	Three tier system at Central, State and District Level. Funds released to States and DBCS as cash grants to be used as per guidelines issued by Govt. of India from time to time.	<ul style="list-style-type: none"> - Central Level: planning, monitoring and evaluation of IEC, guidelines to States and DBCSs for strategies related to IEC. Guidelines, training manuals and other prototype material produced, tested and circulated, Communication including publication of newsletters, Operations research related to IEC. - State Level: IEC strategy developed in various regions of the State, replication of effective prototype, monitoring of district level IEC activities conduct of operations research approved by the Centre. - District Level: Local IEC jobs suitable to target population, use of folk methods and other indigenous means of communication. Orientation of local leaders.
17. Management Information System monitoring and evaluation	Activities coordinated by Central Cell	<ul style="list-style-type: none"> - Central Level: Guidelines and standard formats produced and circulated. Development of software, training of MIS staff and conduct of beneficiary assessment and evaluation surveys. Monitoring of performance and expenditure by States and DBCSs. - State Level: Supply of hardware and software to States as commodity assistance. Maintenance and operational expenses out of recurring assistance to State Ophthalmic Cell. Data entry and analysis of performance and expenditure on various components and DBCSs. - District Level: Compilation of data from various performing units in standard records, reporting of performance and expenditure to States and Central Cell, monitoring of performance in various blocks. Some districts can be taken up as sentinel districts with facilities for computerisation.

ADDITIONAL SCHEMES FOR WORLD BANK ASSISTED PROJECT

SCHEME	CURRENT PATTERN OF ASSISTANCE	PROPOSED PATTERN IN IX PLAN
1	2	3
18. State Project Cell	Recurring expenditure of Rs.2 lakhs per annum to meet the cost on salary of four additional staff under World Bank Assisted Cataract Blindness Control Porject, their TA/DA etc. The four posts are :- Assistant Director 1 Computer Operator 1 Stenographer 1 Driver 1	Recurring expendiure of Rs.3 lakhs per annum to meet the cost on salary and TA/DA etc. of four additional staff under World Bank Assisted Cataract Blindness Control Project. The four posts are: Assistant Director 1 Computer Operator 1 Accountant 1 Driver 1
19. Civil Works	Non-recurring expenditure on construction of Dark Rooms at PHCs, eye wards and Operation Theaters at district hospital and paying wards in medical colleges/district hospitals, as per details given in the EFC/SAR. Funds would be released to State Government.	- Non-recurring expenditure on construction of eye wards and Operation Theaters at district hospital and paying wards in medical colleges/district hospitals, as per details given in the EFC/SAR. Funds would be released to State Government. - Construction of Dark Rooms would be carried out by District-Blindness Control Societies for which additional installments would be released by GOI.

Summary of Infrastructure Proposed to be Developed for Eye Care and Work load of Cataract Surgery during 1998-2002

Code	State	Distt.	Development of Eye Care Centres		New Units to be developed/ constructed (Ward+OT)	Surgeons to be trained in IOL	No. of Catops to be Performed: 1998-2002	
			For IOL	For ICCE			All Sectors	Govt. + NGO
PROJECT STATES								
1	Andhra Pradesh	23	60	80	23	64	1501000	728000
13	Madhya Pradesh	45	70	90	77	183	1151000	847000
14	Maharashtra	30	70	80	32	122	1782000	864000
19	Orissa	30	45	50	53	66	494000	422000
21	Rajasthan	31	45	55	70	74	765000	551000
23	Tamilnadu	29	60	40	35	98	1259000	799000
25	Uttar Pradesh	83	121	150	37	210	2176000	1306000
	Sub-Total	271	471	545	327	817	9128000	5517000
NON PROJECT STATES								
2	Arunachal Pradesh	11	3	8	4	10	2250	1575
3	Assam	23	14	23	23	28	150000	105000
4	Bihar	50	35	50	50	60	662500	463750
5	Delhi	7	7	0	0	8	201600	141120
6	Goa	2	3	2	2	5	19150	13405
7	Gujarat	19	30	19	29	38	822000	575400
8	Haryana	16	13	16	16	18	308600	216020
9	Himachal Pradesh	12	13	12	5	23	39300	27510
10	Jammu & Kashmir	14	12	14	8	20	46100	32270
11	Karnataka	20	30	30	30	65	634800	444360
12	Kerala	14	20	20	20	41	212800	148960
15	Manipur	8	7	8	2	10	5550	3885
16	Meghalaya	6	5	6	1	11	5550	3885
17	Mizoram	4	3	4	1	7	1800	1260
18	Nagaland	7	7	7	1	11	1160	812
20	Punjab	15	15	18	10	28	457850	320495
22	Sikkim	4	2	4	1	9	2250	1575
24	Tripura	4	4	4	1	9	19660	13762
26	West Bengal	17	23	17	20	39	604800	423360
27	Andaman & Nicobar Isl.	2	2	2	0	4	1650	1155
28	Chandigarh	1	2	0	0	4	10900	7630
29	Dadra & Nagar Haveli	1	1	1	0	1	750	525
30	Daman & Diu	2	1	2	0	3	750	525
31	Lakshadweep	1	1	1	0	3	180	126
32	Pondicherry	1	2	1	0	7	16500	11550
	Sub Total	261	255	269	224	462	4228450	2959915
Grand Total								
	Grand Total	532	726	814	551	1279	13356450	8476915

Notes

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